

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023566

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 746Primary Registration District No. 5368Registrar's No. 320

FILED JUL 10 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SUGAR CREEKLength of stay in lb
60 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 11419 FELTONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY
OR
TOWN SUGAR CREEKInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 11419 FELTONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ROBERT

Middle

SEVER

Last

ALLEN

4. DATE
OF
DEATH

Month

JULY

Day

3,

Year

1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-4-18979. AGE (last birthday)
65IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
CONTRACTOR10b. KIND OF BUSINESS OR INDUSTRY
LANDSCAPING11. BIRTHPLACE (City and state or country)
LIBERTY, MISSOURI12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

WILLIAM ALLEN

13b. MOTHER'S MAIDEN NAME

LUCY WARREN

14. NAME OF HUSBAND OR WIFE

VIRGIE ALMA ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES. WWI

17. INFORMANT

Address

Virgie A. Allen, 11419 Felton, Sugar Creek, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebrovascular insufficiency with organic
brain syndromeINTERVAL BETWEEN
ONSET AND DEATH

3 wks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

Diabetes mellitus.

years

15+ yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

amputation left leg - mid thigh 5/10/62

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to 7/3/62 and last saw him alive on 7/3/62
Death occurred at 8 55 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Vance E. Lark, M.D.

(Degree or title)

22b. ADDRESS

10901 Winner Rd
Independence, Mo

22c. DATE SIGNED

7/5/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL23b. DATE
7-6-6223c. NAME OF CEMETERY OR CREMATORY
MT. WASHINGTON CEMETERY23d. LOCATION (City, town, or county)
INDEPENDENCE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE REC'D. BY LOCAL REG.

7-6-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE

DATE AMENDED

VS 300
Rev. 4/59

17006

27006

3

40

51

6

70

82

8260X

10

11

1290-0

131-0

JUL 12 1962

JUL 24 1962

STATEMENT BY LICENSED EMBALMER



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.